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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/403,432 08/15/2002

OK JB

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None JB

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	ISRAEL	1	7	2
Examiner's Signature <i>[Signature]</i>	Initials <i>[JB]</i>			

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## TITLE

IOL Implantation

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RECEIVED 375		<input type="checkbox"/> 1.16 Fees ( Filing )
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